

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Pembrolizumab

INITIATION – unresectable or metastatic melanoma

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV

and

Baseline measurement of overall tumour burden is documented clinically and radiologically

and

The patient has ECOG performance score of 0-2

and

Patient has not received funded nivolumab

or

Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance

and

The cancer did not progress while the patient was on nivolumab

and

Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses

CONTINUATION – unresectable or metastatic melanoma, less than 24 months on treatment

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient's disease has had a complete response to treatment

or

Patient's disease has had a partial response to treatment

or

Patient has stable disease

and

Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

and

The treatment remains clinically appropriate and the patient is benefitting from the treatment

or

Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression

and

Patient has signs of disease progression

and

Disease has not progressed during previous treatment with pembrolizumab

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PRESCRIBER

PATIENT:

Name: Name:

Ward: NHI:

Pembrolizumab - continued

CONTINUATION – unresectable or metastatic melanoma, more than 24 months on treatment

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has been on treatment for more than 24 months

and

Patient's disease has had a complete response to treatment

or

Patient's disease has had a partial response to treatment

or

Patient has stable disease

and

Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period

and

The treatment remains clinically appropriate and the patient is benefitting from the treatment

or

Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression

and

Patient has signs of disease progression

and

Disease has not progressed during previous treatment with pembrolizumab

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PRESCRIBER

PATIENT:

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Ward: NHI:

Pembrolizumab - continued

INITIATION – non-small cell lung cancer first-line monotherapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer
and
 Patient has not had chemotherapy for their disease in the palliative setting
and
 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC
and
 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain
and
 Pembrolizumab to be used as monotherapy

and

- There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain
or
 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain
and
 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment

and

- Patient has an ECOG 0-2
and
 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks
and
 Baseline measurement of overall tumour burden is documented clinically and radiologically

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Pembrolizumab - continued

CONTINUATION – non-small cell lung cancer first-line monotherapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient's disease has had a complete response to treatment
or
 Patient's disease has had a partial response to treatment
or
 Patient has stable disease

and

- Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

and

- No evidence of disease progression

and

- The treatment remains clinically appropriate and patient is benefitting from treatment

and

- Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)

and

- Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

INITIATION – non-small cell lung cancer first-line combination therapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer

and

- The patient has not had chemotherapy for their disease in the palliative setting

and

- Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC

and

- For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain

and

- Pembrolizumab to be used in combination with platinum-based chemotherapy

and

- Patient has an ECOG 0-2

and

- Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

and

- Baseline measurement of overall tumour burden is documented clinically and radiologically

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Pembrolizumab - continued

CONTINUATION – non-small cell lung cancer first-line combination therapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient's disease has had a complete response to treatment
or
 Patient's disease has had a partial response to treatment
or
 Patient has stable disease

and

- Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

and

- No evidence of disease progression

and

- The treatment remains clinically appropriate and patient is benefitting from treatment

and

- Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)

and

- Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

I confirm that the above details are correct:

Signed: Date: